

**County Comments and CDHS Responses to
Draft County Allocation Request for Plan and Budget
Allocations to Counties for Children's
Outreach, Enrollment, Retention and Utilization (OERU) Activities
(Dated August 10, 2006)**

LETTER OR INTENT

County Comment:

The letter of intent seems to require designation of the lead agency in order to return it. This will not occur quickly if we have the Board of Supervisors provide formal authorization first since the lead agency is still under discussion with the County. May we return the Letter of Intent with "TBD" in the space designated for lead agency and the formal Board of Supervisor designation at a later time (perhaps before September 30), so that you at least know we intend to submit?

CDHS Response:

The Letter of Intent is not a binding document. It only serves as an indication of the number of counties interested in participating in the county allocation program. The Letter of Intent must be signed by the county government agency responsible for OERU activities. A lead entity does not need to be designated on the Letter of Intent.

LEVEL 1 COUNTY DATA

County Comment:

We are requesting that a review be conducted on the number of uninsured children used to determine our County's allocation. Based on various reports, we believe the number of uninsured children forecasted is inaccurate resulting in an underestimate of the number of uninsured children within our county.

CDHS Response:

The State recognizes that there are many sources of data on California's uninsured children. When the State was developing the county allocation program, there was a consensus that the best data source for a statewide count of uninsured eligible children was CHIS 2003. While some over- and underreporting of uninsured children can occur when using population surveys to estimate uninsured children, the State believes this the most reliable source available to accurately measure the uninsured on a statewide basis. For more information on UCLA's research methods, please refer to the CHIS website.

CDHS does not anticipate altering the currently published level of funding in the RFPB unless a Level 1 County chooses not to participate and CDHS redistributes funds to other Level 1 or Level 2 counties.

LEVEL 2 COUNTY FUNDING

County Comment:

Section 2.3.2 should provide not just an upper limit for Level 2 but a minimum level so the County can be reasonably certain it can at least meet its stated objective(s).

CDHS Response:

CDHS did not specify a minimum budget amount for Level 2 counties. Section 2.3.2 specified that Level 2 counties should not submit an annual budget in excess of \$288,000. Each Level 2 county should submit a reasonable budget and budget narrative to justify costs to implement activities outlined in its scope of work.

County Comment:

Section 2.3.2 states prospective Level 2 counties should submit a plan and budget for no more than \$288,000 in each year of the allocation term. It may be necessary for CDHS to adjust a county's budget once it is known how many counties will choose to participate and will meet qualification criteria. The RFPB also provides Section 5.21 Additional Level 2 County Evaluation Criteria.

We have heard two differing interpretations of how the distribution of Level 2 funds will happen:

1. It will essentially be competitive, resulting in funding of 5-10 counties.
2. It will be more on an allocation basis, resulting in funding for all applying counties that meet the criteria. These two approaches would suggest a very different outcome regarding how many counties are funded and therefore how much each receives. Can you clarify which approach is being taken?

CDHS Response:

CDHS intention is to allocate funding to Level 2 counties that meet the minimum criteria of demonstrating an established coalition for children's outreach and enrollment for at least twelve months. In evaluating Level 2 county plans, CDHS will first assess if the minimum requirements are met. If level 2 County plan demonstrate an established coalition they will be further evaluated using the criteria outlined in Section 5.21. CDHS will fund qualifying Level 2 counties utilizing the \$3 million set aside and there may be some redistribution of funds if Level 1 counties do not participate. Based on the number of qualifying Level 2 counties plans and budgets, CDHS may request Level 2 counties to adjust the submitted budget based on availability of funds and the county's demonstrated ability to meet the required activities as outlined the county's plan and scope of work. At this point, CDHS does not know how many Level 2 counties t hat have submitted a letter or intent will submit a plan and budget.

LEVEL 2 COUNTY DATA

County Comment:

I am requesting the release of data for the counties in the Level 2 funding tier. It would be very helpful to see the Medi-Cal / Healthy Families # uninsured eligible and MC & HF Caseload data similar to the table listed in 2.3.1.

CDHS Response:

The final RFPB will include a table listing Medi-Cal and Healthy Families uninsured eligible and Medi-Cal and Healthy Families caseload data for Level 2 counties.

LEVEL 2 SUBMISSION DATE**County Comment:**

Is there any competitive advantage for a Level 2 county in submitting early, close to the opening September 8th date vs. a submission just before the closing date of September 28th?

CDHS Response:

There is no competitive advantage for a level 2 County to submit its plan and budget prior to the stated deadline of October 9.

LEVEL 2 COUNTY FUNDING CRITERIA**County Comments:**

1. The RFP does not take into consideration that small rural counties, such as Calaveras County, do not always have formalized infrastructures with community partners in place and yet do perform children's outreach and enrollments through a variety of avenues and community partners. Typically small counties work together closely with community partners in a focused manner, such as collaborating on a consistent basis on how to improve and expand outreach and enrollment efforts. Additionally, small counties do not typically have the resources available or the need to formalize the activities to the same extent as larger counties.
2. The requirement that the infrastructure for children's outreach and enrollment and coalition with other organizations be in place for at least twelve months excludes counties that have started these activities within the last year and could also effectively implement the additional activities as outlined in the RFP.

CDHS Response:

CDHS recognizes and commends the efforts of rural counties to collaborate with other programs in an informal manner to reach uninsured families. County allocation funding may not be within the county's reach due to the criteria stated in the RFPB. Welfare and Institutions Code Section, 14067.3, requires the Level 2 Counties to have an established coalition for children's outreach for twelve months in order to build upon existing county infrastructure to achieve enrollments of eligible children in Medi-Cal and Healthy Families as quickly as possible.

COALITION DOCUMENTATION**County Comments:**

1. Are Level 2 Counties required to submit written documentation that the CHI coalition has been operating for one year? If yes, what kind of documentation is expected?
2. The State should reframe the purpose of the Coalition. The existing coalition in counties serves a much broader purpose including coordination among public health

coverage programs, a diverse network to coordinate OERU activities, information sharing and dissemination, and the promotion all available programs and services throughout the county.

3. Section 4.2.2 Outreach Coalition and Section 5.8 Outreach Coalition: How is the "active collaboration" - coalition related to the community-based agencies that will be contracted with the county entity? Can the coalition be the contracted service agencies?

CDHS Response:

CDHS encourages Level 1 and Level 2 counties to formalize membership in coalition through MOUs. If formal MOUs are not available, the coalition may submit other documentation of its membership that details purpose, roles and responsibilities, such as meeting minutes, charters, annual reports, or published news articles in place of the required MOUs. If you have questions about suitable documentation contact the OERU staff at OERU@dhs.ca.gov.

Coalition member organizations such as schools, community based organizations, and other safety net providers may receive county allocation funds as sub-contractors or may be active members of the coalition that participate in OERU activities but do not receive county allocation funding.

County Comment

Are the Outreach Coalition and the OERU Coalition one and the same?

CDHS Response:

Yes.

SECTION 4.1, 4.2, 5.5 AND 5.6- RFPB OBJECTIVES

County Comments:

1. Section 4.1 identifies 4 objectives however Section 4.2 states ...must further one of the four.... and Section 5.6 statesthere are primary and secondary objectives. This is unclear. Are you asking for work on all four, just one allowed, or at least the primary two as mentioned?

2. In our County there are some good systems in place for outreach and enrollment. We are experiencing a very large disenrollment problem. We would like to spend more of this money on retention than enrollment. If we provided the data that showed this was a large issue in our County, is this okay?

3. The four bullets included in Section 5.6 cover outreach, enrollment, retention and utilization. It is not clear whether all counties accessing funding must do all of these efforts. It would be preferable for counties to have the opportunity to gauge the areas of most need among these four areas and focus on one or more of them in the proposal. This is especially critical for counties with smaller allocations, to ensure that the funds

are used to maximum effect and not spread too thin to make a real impact. We recommend that CDHS allow counties to focus on one or more of these strategies.

4. We would encourage the state to not weigh the importance of outreach and enrollment over retention and utilization. To truly serve the needs of families, counties should be focusing on all four strategies, as each is critical to enrolling, and retaining children into children's health coverage programs. Asking counties to focus primarily on outreach and enrollment and secondary on retention and utilization may pose problems for counties who have restrictions on current county funding for OERU. Therefore, counties should be able to show between their existing county funds and the new allocations that they are building capacity for OERU.

CDHS Response:

In the final RFPB, CDHS will clarify that counties are required to perform all OERU functions in each fiscal year in which funding is allocated.

In FY 2006-2007, the majority of county efforts must address outreach and enrollment activities to increase the number of the Medi-Cal and Healthy Families enrollments in the county and reduce the number of uninsured children. CDHS will not approve higher funding levels for retention and utilization activities than outreach and enrollment activities. In subsequent fiscal years based on enrollment successes, counties may request that funds for outreach or enrollment activities be shifted towards retention and utilization activities.

However, a county plan and budget may describe its increased efforts for retention and utilization and how other funds such as county, First 5, or foundation funding has been shifted from outreach and enrollment for purposes of retention and utilization.

SCOPE OF WORK GOALS

County Comment:

1. Under Sections 5.9 and 5.10, there is a statement, which reads "County Plans must establish goals for the number of children newly enrolled (not enrolled in the last six months) in Medi-Cal/Healthy Families". Could you please explain what you mean by newly enrolled in the last 6 months (e.g. what time frame, etc)?

2. County plans must establish a goal for the number of children NEWLY ENROLLED (not enrolled in the last six months) in M/C and HF*" How can an agency realistically determine if the child had coverage in the past 6 months without direct access to MEDS for current coverage verification? How would an application submitted for a child who lost coverage 5 months ago be counted differently? If a child lost coverage in the past 6 months, and an additional application was necessary in order for the benefits to be re-established, how would that application be counted, as a newly enrolled or something different? Should this "Number" actually be a percentage? -Total Applications Submitted/ divided by Verified Enrolled?

CDHS Response:

Based on your comments regarding anticipated difficulty to assess whether a child has not had Medi-Cal or Healthy Families coverage during the prior six months before enrollment assistance is offered, CDHS will delete the six (6) month time frame requirement in the final RFPB. County Plans must establish goals for the number of children to be enrolled in Medi-Cal/Healthy Families in each fiscal year.

BUDGET**15% Administrative Fees****County Comment:**

It would be very helpful if there were an acknowledgment that Level 2 counties, especially those that are small in population, should have minimal administrative requirements, as 15% maximum would be very restrictive or raise the max. % allowed.

CDHS Response:

CDHS policy is that no more than 15% of the county allocation funds can be charged for total administrative fees for Level 1 and Level 2 counties. The intent of this funding is to build upon existing infrastructure including existing county or OERU coalition services and personnel to provide outreach and enrollment activities to enroll uninsured children in Medi-Cal and Healthy Families.

TRANSPORTATION AND INCENTIVES**County Comments:**

1. For the purposes of promoting outreach, enrollment, retention and utilization, would the potential allocated funding allow for providing transportation services to those eligible for Medi-Cal or Healthy Families? Are incentives an allowable expenditure?
2. Can some of this money be provided to families for taxi vouchers, bus or trolley passes in order to go to their medical appointments or an agency for completion of enrollment/retention paper work?

CDHS Response:

As appropriate, the county's scope of work for one or more of the objectives: outreach, enrollment, retention and utilization, should describe how providing transportation or incentives will enhance expected outcomes. Transportation or incentives should also be identified in the budget line item detail and the costs for these items justified in the Budget Narrative.

County Comment:

In our County we would like to use some of the money to make changes to Medi-Cal Notices of Action that are sent to the families from the statewide Cal WIN system. It takes approximately \$10K to make changes for each Notice of Action. Also, we want to program into Cal WIN the ability to electronically identify those families that are over income for Medi-Cal and send the referral to a Maternal Child and Family Health

Services program for follow-up with our County Government system. Is this possible and if so, should we put these two strategies under the Automation Enrollment Section?

CDHS Response:

No, the OERU allocation funding may not be used for the purposes cited above. CDHS provides county welfare departments with other funding sources to perform systems changes.

BUDGET TEMPLATE

County Comments:

1. On the budget template could you please explain how the County Allocation Funding section is different than the Total Project Budget section?
2. For budget years 07-08 and 08-09, are only funds actually committed as of date of submission to be included (i.e., don't include projected, just committed)?

CDHS Response:

The County Allocation Funding is money counties will receive from CDHS as a result of the submission of the plan and budget.

The Total Project Funding includes all known committed project funds received from sources, including but not limited to First 5, foundations, private businesses, county funds, health plans, and the CDHS county allocation.

AUTOMATED ENROLLMENT

County Comments:

1. Could the OERU budget include funds for: 1) installation; 2) staff training; 3) annual management and updating of a centralized automated insurance coverage enrollment system. This electronic system would include families enrolled with Healthy Kids and Kaiser Permanente's Child Health Program as well as families enrolled with Healthy Families and Medi-Cal. The system may possibly also allow for application and enrollment to other public programs for which families are eligible. Must we split the costs proportionately, ensuring that only the Healthy Families/Medi-Cal portion of the system is paid for with the OERU budget?
2. Can allocation funds be used to support the maintenance costs of a One-e-App web-based system?
3. If counties are trying to build capacity with their automated enrollment systems, demonstrating results in the first year is limiting. Results over a three year timeframe may be more realistic. Additionally, what does the state define as case-by-case basis?

CDHS Response:

As stated in the RFPB, CDHS will assess each county's request for funding for automated enrollment on a case-by-case basis. This means CDHS will independently

assess each county's request for funds to cover costs of automated enrollment based upon the particular county's submitted plan and budget. Funding for automated enrollment must be based on the county's objective to increase enrollment in Medi-Cal and Healthy Families that is described in the scope of work plan and justified in the budget narrative.

CDHS will require that counties provide documentation that will outline what programs will benefit from the use of the automated system, what other funding sources will be used to support automated enrollment, what the county allocation funds will be used for. The documentation must detail what the county allocation funding will support such as but not limited to system development, system changes, hardware/software, installation, staff training, or annual maintenance. Additionally, county plans must demonstrate that the funds used for automated enrollment will increase enrollment of uninsured children as well as increase the retention of children in the Medi-Cal or Healthy Families program in the same fiscal year for which the funds are allocated.

SUBCONTRACTS

County Comment:

1. We are going to RFP out some of this money to regional contractors. On the application we will be indicating that we will have regional contractors, but cannot provide you with the Agency name/collaborative, because we need to go through the RFP process. We can provide you with a selection criterion and how the decision will be made and a copy of the proposed subcontract once the agencies are identified. Is this okay?
2. OERU services using community-based agencies will have to be solicited through an official open-bidding and selection process. This process includes development of an RFP, advertisement, bidder's conference; time for the agency to respond to the RFP, scoring, selection and final approval by the Board of Supervisors. To avoid delays in starting up the project, could the County's Plan and Budget include Two Phases with an explanation of the subcontracting process in order to have the "Phase I" portion of the State plan approved? Phase I activities could include: preparation and programming of the tracking and data collection system to add agencies, printing of training materials, conducting trainings, and other projects not encumbered by the competitive bidding process- The County would then re-submit the Phase II portion of the plan to the State for approval including the subcontracting agencies with the appropriate EE attachments and board approval. This "staged rollout" would allow for a faster start-up for new agencies since much of the background work will be completed.
3. Do sub-contracts and MOUs need to be fully executed and included with the work plan? Attachment 7, page 2 says they do, but we are unlikely to meet the deadline for submission if they need to be fully executed as different Boards of organizations may need to approve. If we presently have sub-contracts with organizations for current activity, but the scope of work and financial arrangements need to be modified to accommodate this new work plan, may the amendment follow within 90 days? If no sub-contract or MOU exists and a new organization is being contracted, can it be

provided within 90 days of submission of the plan, if the verbal agreement is in place and included in the work plan?

4. County plans must identify all Enrollment Entities that participate in the coalition using Attachment 1 and County plans must demonstrate formal partnerships (MOUs, subcontracts) with all collaborative partners." How can this be done before the bidding process?

CDHS Response:

Complete county plans and budgets are due to CDHS by October 9. If the County is offering an RFP for sub-contractor services it should include this information in the plan and budget .

Please refer to Attachment 11, section C) Additional Budget Narrative for Subcontractors. This section provides submission instructions for advising CDHS of proposed subcontractors. A brief one page explanation of the reason for subcontracting and or utilizing this subcontractor for specific activities or goods, and how the subcontractor/ or funded collaborative partners were chosen (or will be chosen) is required to be submitted with the Plan and Budget. Subcontracts exceeding \$5,000 must be reviewed and approved by CDHS unless CDHS elects to waive this right.

If required forms are not submitted with the Plan and Budget, CDHS will work with counties to determine their earliest availability and will advise counties to submit completed forms, such as Attachment 1, MOUs and subcontracts prior to payment of the first quarterly invoice.

County Comments:

1. For partnering with Community Based Organization (CBOs), are funded agencies able to do sole source funding of CBOs or must we include a formal request for proposals for potential partnering CBOs?

2. Are counties allowed to contract with a non-government OERU coalition to provide day-to-day activities without doing a formal competitive Request for Proposal? For example, developing a sole source contract if that coalition is the only agency that can provide services.

CDHS Response:

In addition to the information provided above in CDHS response, the county will follow its procurement process. Most counties usually allow non-competitive bids in certain instances.

County comment:

If the county contracts with an OERU Coalition Lead Entity, can that entity sub-contract funds to other community-based organizations to help outreach and enroll difficult-to-reach families throughout the county?

CDHS Response:

Yes.

MEMORANDA OF UNDERSTANDING (MOUs)**County Comment:**

May we submit MOUs with the OERU Plan that have been faxed to us or must we include an original signature copy of the MOUs?

CDHS Response:

Copies of original or faxed MOUs are acceptable for submission to CDHS.

County Comment:

Please describe the contents of what would be included in a high-quality MOU?

CDHS Response:

Please refer to the Resources Section for MOU models, such as the one that is provided by Institute for The Health Policy Solutions- California at: www.ihps-ca.org under technical assistance.

County Comment:

Are the MOUs to be submitted for services/activities delivered using OERU funds OR should we also include MOUs related to other service components/activities involved in the Children's Health Initiative work.

CDHS Response:

CDHS requests identification of the county's wide variety of collaborative partners involved in the children's health coverage, with a primary interest in those involved in OERU activities. On Attachment 7, Section 5 list all current coalition partners, if there is an MOU or interagency agreement, and if the organization is funded by county allocation.

County Comments:

1. Our Lead OERU coalition has many collaborative partners, but we do not have formalized MOUs with our partners. Will this be a problem?
2. Our CHI Coalition is not quite the same as the planning group for the development of the OERU work plan; the CHI is the basis, but additional organizations have been brought into the process to provide detail and participation in gap areas. Do you want the CHI Coalition/Steering Committee and the planning group each defined? What is the definition of "collaborative partner" (Attachment 7, pg 2)? Are the collaborative partners with the MOUs or subcontracts to be only those actually receiving funds or broader? Our CHI Coalition has no MOUs or contracts other than with those who are recipients of funding. Are you asking for MOUs among the members of the actual CHI Coalition to be provided, the planning group, those receiving funds, or all of the above? The fewer contracts the faster we can begin activity.

CDHS Response:

CDHS encourages Level 1 and Level 2 counties to formalize the coalition's membership through MOUs. If formal MOUs are not available and the coalition has other documentation of its membership that details purpose, roles and responsibilities, such as meeting minutes, charters, annual reports, or a published news article these may be submitted in place of MOUs. Coalition member organizations may include both funded and unfunded members. If there are questions about suitable coalition documentation contact the OERU staff at OERU@dhs.ca.gov.

County Comment:

A county's cover page, plan, scope of work, and budget must not exceed 40 pages. I would like to clarify what can be submitted in addition to those 40 pages. Specifically, are MOUs included or not included in the 40-page limit? What other attachments are NOT included in the 40-page limit? It is easier to create separate MOUs for each agency to sign than to circulate one MOU that all agencies must sign, but this will create many additional pages.

CDHS Response:

In the final RFPB CDHS increased the page county to 50 pages. Attachments like MOUs, Enrollment Entity Spreadsheets as described in Attachment 1, AmeriCorps Information Page as described in Attachment 3, and Additional Subcontractor Budget Narratives as defined in Attachment 11 are not included in the 50 page limit.

SECTION 3.1- PLAN SUBMISSION**County Comment:**

Is there a final deadline to submit the OREU Plan and Budget?

CDHS Response:

CDHS' goal is to receive letters of intent as soon as possible. CDHS will accept Level 1 and Level 2 counties' plans and budgets beginning September 8. Unless waived by CDHS, all Level 1 and Level 2 county plans must be received by October 9. CDHS then must evaluate and approve the plan and budget to authorize the county's funding.

Level 1 counties must submit the county plan and budget by October 9, unless this deadline is waived by CDHS, or else CDHS will begin redistributing funds to other Level 1 or Level 2 counties.

CDHS will not pay for any activities prior to the date of approval of the county plan and budget.

ENROLLMENT ENTITIES**County Comments:**

1. Can Enrollment Entities that are funded by these monies still get the State reimbursement for successful enrollments and retentions?

2. If an Enrollment Entity receives Entity/CAA reimbursement and they are contracted to only provide case management or other functions separate from enrollment, will their reimbursement for Healthy Families applications be blocked?

CDHS Response:

Attachment 12 provides guidelines for Enrollment Entities to be funded by the county allocation funding and continue to have eligibility to receive application assistance reimbursement. Payments will not be blocked if Enrollment Entities are not performing enrollment activities under the county's plan for allocation funding.

County Comment:

1. Attachment 1A requires that the worksheet "must be filled out even if the Enrollment Entity will not be using county allocation funds for application assistance." This section is confusing, but seems to require that all EE's associated with the coalition be listed, regardless of whether they will be funded through this project.

We request that the final document require that all organizations actively involved in the coalition be listed on a worksheet as part of the application, but that Enrollment Entity data only be collected for those organizations that will access funding.

CDHS Response:

The list of participating EEs that is submitted with the county plan and budget is requested for two purposes. The list will be transmitted to MRMIB for purposes of tracking activities of the county's coalition members who are EEs. Also, when appropriate, this list will initiate blocking of application reimbursement payments to EEs if the EE is identified on the list as receiving county allocation funds for application assistance activities. By requesting EE information in the county plan, CDHS ensures that application assistance activities funded by the county allocation will not be claimed for application assistance reimbursement and to also track the overall effectiveness of the county coalition efforts. Not every EE located in a county may be participating within the county's coalition and if the State did not verify which EEs are part of the local effort the tracking reports would not accurately reflect the effectiveness of the County OERU funding.

County Comments

1. Can the OERU budget request include funds to cover the actual costs of enrolling families in Medi-Cal or Healthy Families--over and above the \$50/\$60 reimbursement currently available?

2. There is language on page 23 of the OERU Plan guidelines that says, "Counties must submit a budget narrative that describes how the county will not claim reimbursement for any services that the county claims for reimbursement under any other State and federal agency or other governmental entity contract or grant, any private contract or agreement, or from the Medi-Cal program."

In accepting the OREU funds are counties giving up the \$50-\$60 per application for families enrolled by Social Services/CHDP/whoever?

CDHS Response:

The OERU budget should reflect actual cost of enrolling families. Counties should keep in mind that if they choose to use the county allocation funds for enrollment then the \$50/60 reimbursement will be blocked. Counties must choose one or the other. Costs must be justified in the budget narrative.

Please review guidelines provided in Attachment 12 for organizations ability to receive both county allocation funding and be eligible to receive application reimbursement.

ATTACHMENT 2: AMERICORPS WORKERS

County Comment:

Can we apply for less then four (4) full time equivalent AmeriCorps members? The current draft states that we must apply for a minimum of 4 FTE AmeriCorps. We already have many HealthCorp, but could use 1-3 AmeriCorps. Being a small county it may be difficult for us to place 4 AmeriCorps. I will research this, but suggest that the FTE requirement be reduced.

CDHS Response:

Yes, counties may apply for less than four (4) full time equivalent AmeriCorps member positions. The preference for counties to apply for four (4) or more was to concentrate technical assistance and administrative support for program efficiency. However, because the intent is to encourage participation in the AmeriCorps program counties will be allowed to request less than (4) full time positions.

County Comments:

1. Is there any competitive advantage to working with AmeriCorps Members rather than hiring our own cost-effective paraprofessional outreach workers/CAAs?
2. We noticed that AmeriCorps Workers are encouraged by the Request for Plan/Budget. Is there any guidance you can provide about the reasonableness of salaries if the County chooses to employ the OERU Outreach Workers? County positions are not usually the most cost-effective staff salaries.

CDHS Response:

CDHS encourages counties to consider utilizing workers from AmeriCorps as a cost effective means to place culturally and linguistically appropriate community outreach workers. Please see more information about partnering with AmeriCorps in Attachment 2 of the RFPB.

FORMAT OF REQUIRED FORMS

County Comment:

Would you be willing to make the required forms available in a Word doc. format as many of us do not have the software to alter pdf files?

Attachment 7, IV – will we have an electronic spreadsheet so that we may add more funding lines? May we have electronic spreadsheets or templates provided for all forms throughout the attachments as opposed to pdf?

CDHS Response:

Yes, Word and Excel documents will be available in the final RFPB.

SECTION 2.4 – COUNTY GOVERNMENT AGENCY

County Comment:

CDHS notes that a “county government agency appointed by the County Board of Supervisors is responsible for submitting the county’s outreach plan and budget to the State.” However, it is not clear how this appointment is to be communicated to CDHS. It appears that this might be by resolution, but this is not stated explicitly. It would be preferable, given the slow and difficult resolution approval process, if counties were able to submit a signed letter from the Board President. In San Francisco, the resolution approval process can take two to six months, which is currently complicated by the fact that the Board is on recess until September 6. As it is, when the funds are awarded, the county agency is mandated to go through an accept and expend resolution process before it is able to spend the funds. To require an additional resolution before the award greatly complicates the process. Will CDHS allow for a letter signed by Board President to be sufficient approval for the county’s plan and budget submission?

CDHS Response:

CDHS understands that counties may have difficulty obtaining County Board of Supervisors approval prior to submitting the Plan and Budget. Section 5.0 allows for submission of the County Board of Supervisors approval of the Plan and Budget up to 90 days after the county’s plan and budget was submitted to CDHS. County Board of Supervisors approval is required before CDHS will authorize payment of invoices.

SECTION 2.6 - APPROPRIATE USE OF FUNDS

County Comments:

1. The RFPB does not address the challenges and limitations at the county level including the restrictions on current county-based funding. Existing CHI programs and local OERU efforts are largely financed through a wide range of temporary and restricted funding. These restrictions often preclude financial support for operational and infrastructure costs. Therefore, strategic financing and the flexibility for counties to leverage and coordinate the various funds available needs to be addressed in the RFPB to maximize the state allocation’s impact and effectiveness. Allocations should be used to develop activities and/or program enhancements depending upon current operational needs of the County.
2. Although I understand the need to make the guidelines specific to Medi-Cal and Healthy Families I would encourage you not to prohibit any assistance that may be provided regarding other local programs, like Healthy Kids. It is important to assist the whole family and many times that cannot be done without incorporating programs beyond Medi-Cal and Healthy Families.

3. While the goal of this program is to enroll eligible children in Medi-Cal and Healthy Families, and to promote utilization efforts, retention, there will no doubt be situations in which outreach efforts uncover families who may have children who are eligible for these programs, but siblings who qualify for local programs such as Healthy Kids. Will enrollment entities be expected to refer these children to other assistance agencies, or can the entities provide assistance to the extent there are Medi-Cal and Healthy Families qualifying children in the family?

CDHS Response:

Counties are allocated state general funds and federal funds (Medicaid and SCHIP) for the purpose of enrolling children in Medi-Cal and Healthy Families. CDHS recognizes that outreach workers will encounter some families with uninsured children eligible for one of the State's programs and other children who may not be eligible. Outreach workers should assist the family to enroll their children in all available programs and be knowledgeable about support services that are helpful to families in the county. However, OERU activities funded by the State should focus activities on outreach and enrollment of children in Medi-Cal and Healthy Families. OERU funds, for example, cannot be used for Healthy Kids premiums, or for county matching funds for federal programs, or any other activity that is not stated in the county's approved scope of work and budget.

SECTION 2.8-INVOCING

County Comments:

1. Will Counties or Lead Entities be able to receive an advance on allocated funding to ensure resources are available for start-up? Partnerships with local community-based entities, outreach materials, and other efforts may require immediate funding and not be sustainable for at least the first quarter without an advance. Also, how quickly after quarterly invoice occurs will reimbursement be completed?
2. We would encourage the State to change their requirement for submission of quarterly reporting to bi-annual reports and invoices, as a six-month picture provides a more adequate reflection of OERU results.

CDHS Response:

Advance funding is not allowed per Welfare and Institutions Code, Section 14067.3. The State will allocate funding to the counties in arrears subject to approved quarterly invoices and quarterly progress reports. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Reimbursements for costs incurred under the allocation plan will be made on a quarterly basis in arrears. Invoices will be paid after they have been reviewed and approved by the State. The State will issue two separate checks to counties due to two separate sources of funding, Title XIX and Title XXI. Checks will be issued approximately 30-45 working days after State approval. CDHS considered other invoicing and reporting schedules, however decided that a quarterly basis was less onerous than monthly invoicing and would provide better cash flow for counties and their partners than bi-annual requirements.

SECTION 2.6.1-EXISTING COUNTY FUNDING

County Comment:

When the Department refers to "County," are they speaking of the county as a governmental entity, or as a regional area? While a "County Agency" will be able to determine funding for OERU efforts that are currently happening, it is unlikely that agencies that may have funding outside of the "County of San Joaquin" will be as easily identified. There may well be CBOs, city departments, or other agencies that fall outside of the County's oversight that have a grant pertaining to outreach/enrollment, case management, etc.

CDHS Response:

The RFPB uses the term "county" to define both the region and the county government agency. In the RFPB, CDHS requests information on the total children's health coverage budget for the same three year period as county allocation funding is requested to ensure that State and federal funds are used appropriately and counties supplement and do not supplant existing funding sources for OERU activities. CDHS expects that if a county government agency is the lead of the coalition it would have access to this budget information for the coalition's OERU efforts. In the event the county government agency is not the lead entity, the project budget must be completed by the OERU coalition lead entity and submitted with the county's plan and budget.

SECTION 4.2.1 – COUNTY ASSESSMENT AND INNOVATIVE STRATEGIES

County Comments:

1. The draft document requires counties to "assess the unique circumstances of the county's eligible but unenrolled children and propose innovative local outreach strategies to target harder to reach families with specific geographic, language and cultural needs.... It is difficult to know much about these families precisely because they are hard to reach and hard to find. While we can make assumptions based on currently available information, there will be limited data available regarding their specific geographic, language and cultural needs.

We request that CDHS acknowledge the difficulty in obtaining this information and allow the use of currently available information (including the California Health Interview Survey, latest Medi-Cal and Healthy Families enrollment data) for this assessment.

2. When providing baseline demographic information, CDHS is using 2003 CHIS data and June 2005 Medi-Cal data. CHIS 2003 data is statistically invalid for our county and we continue to use 2001 data. May we define our baseline data set for general demographic information or must we relate the number of uninsured children only to 2003 CHIS data? [This is primarily in the event the narrative requires baseline discussion regarding strategy development.]

CDHS Response:

CDHS does acknowledge each county's unique circumstances in identifying uninsured children. CDHS expects that each county will utilize all available reports, data, etc. to

draw upon when developing its county assessment that will be basis for the approaches taken in its scope of work. Counties must cite the reports or documents that are used in making this assessment of uninsured children.

4.5. INVOICING

County Comments:

Counties must submit quarterly invoices that correspond to the approved FY budget that was submitted in response to the Request for Plan and Budget.

1. Will there be forms and instructions for claiming and invoicing?
2. If yes, when will the forms and instructions be available as they are required to complete budget narrative portion (Pt 5.16) of the county's plan.

CDHS Response:

Instructions and forms will be issued by CDHS for quarterly invoicing via an All County Letter.

SECTION 5.11- UTILIZATION:

County Comment:

County Plans must establish a goal for the number of children educated" - should that be number of families/caregivers vs. "children"?

CDHS Response:

CDHS will modify the final RFPB to state families of children.

SECTION 5.3 – COVER PAGE

County Comment:

This section requires that counties document the source of Healthy Kids premiums. It is not clear why this requirement is included in this application for OERU funding for Medi-Cal and Healthy Families. Not only is the Healthy Kids program separate from these other programs, but premium funding is separate from outreach funding.

We recommend that this requirement be deleted from the final document.

CDHS Response:

Funding sources and amounts for premiums for Healthy Kids is requested to address the State's requirements regarding appropriate use of State funds, and to ensure that State funds are used to supplement and not supplant existing children's health coverage funding provided by grants, foundations, businesses, county First 5, or other sources. CDHS recognizes that counties may be able to move some existing county, foundation or First 5 funding currently earmarked for children's outreach and enrollment to fund Healthy Kids premiums when the county allocation funds are approved for outreach and enrollment activities of Medi-Cal and Healthy Families eligible children.

SECTION 5.5 – OBJECTIVES

County Comment:

The first sentence in this section notes that “County plans must provide a narrative description of how the county OERU activities would be managed, organized, and directed in order to accomplish the objectives of the State allocation program.” The difference between manage and direct is not entirely clear. We recommend that the word “directed” be removed from the final draft.

CDHS Response:

CDHS agrees to delete “direct” on the final RFPB.

SECTION 5.6- OERU ACTIVITIES

County Comment:

Counties should demonstrate how these activities and funds supplement current efforts to ensure that existing funds and new allocations are building capacity for OERU.

CDHS Response:

The final RFPB will include the requirement that counties must describe how the allocation funds will be used to supplement and not supplant existing OERU funds and activities.

SECTION 5.9 - STREAMLINED ENROLLMENT

County Comments:

1. Our streamlined enrollment process to facilitate family enrollment at one time for all three programs (Medi-Cal, Healthy Families, Healthy Kids) uses a paper application based on MC-321. Page 20, Item 5.9 seems to indicate that plans “must include...use of an electronic application process to expedite the process.” Is the use of Health-e-App required? Geographic access to such technology in rural areas is problematic, and it also will bifurcate our streamlined enrollment process. Please advise.
2. *Counties should offer application assistance that includes:*
 - One-on-one application assistance with the enrollment process that includes assessing family eligibility for all available coverage programs and intensive follow-up to make sure that all required documentation necessary to complete the application is submitted.
 - The One-e-app program should also be used as an example along with Health-e-App.

CDHS Response:

The RFPB description includes a suggested list of several strategies that counties may incorporate in their plan. Health-E-App is among those listed because it is a State-sponsored program. Other strategies include one-on-one application assistance and coordination with county social services offices. Counties should also include other strategies such as intensive follow up to ensure all documents are submitted with the application for streamlined enrollment in the county plan.

County Comment:

Plans should include not only core training programs with minimum training requirements but also provide specialized training programs for assistors to enhance their capacity to navigate more complex issues.

CDHS Response:

The RFPB allows flexibility for counties to address these issues in the scope of work.

County Comment:

Request for Plan and Budget says, "counties must use a seamless, user-friendly enrollment process." Please define "seamless."

CDHS Response:

CDHS expects that the counties will develop strategies for an enrollment process that reduces barriers for the targeted families to ensure eligible children are enrolled in Medi-Cal and Healthy Families as soon as possible.

5.17 – EXISTING COUNTY FUNDING**County Comment:**

This section notes that "Counties must submit a budget narrative that describes the amount of current funding and funding sources for OERU activities and Healthy Kids premium payments." It is not clear why this requirement is included in this application for OERU funding for Medi-Cal and Healthy Families. Not only is the Healthy Kids program separate from these other programs, but premium funding is separate from outreach funding. We recommend that the requirement to include information about the source of Healthy Kids premium payments in a budget narrative be deleted from the final document.

CDHS Response:

Funding sources and amounts for OERU activities and premiums for Healthy Kids is requested to address the State's requirements regarding appropriate use of State funds, and to ensure that State funds are used to supplement and not supplant existing children's health coverage funding provided by grants, foundations, businesses, county First 5, or other sources. CDHS recognizes that counties may be able to move some existing county, foundation or First 5 funding currently earmarked for children's outreach and enrollment to fund Healthy Kids premiums when the county allocation funds are approved for outreach and enrollment activities of Medi-Cal and Healthy Families eligible children.

SECTION 5.19 – INAPPROPRIATE USE OF FUNDS**County Comment:**

This section states that "Counties must submit a budget narrative that describes a system for preventing county allocations from funding services that the county may claim for reimbursement under any other State or federal agency or other governmental entity contract or grant, any private contract or agreement, or from the Medi-Cal program" and "Counties must submit a budget narrative that describes how the county

will not claim reimbursement for any services that the county claims for reimbursement under any other State and federal agency or other governmental entity contract or grant, or private contract or agreement, or from the Medi-Cal program.” It is not clear how counties can design a “system” that prevents claiming reimbursement from other sources. Besides listing what these other sources are and how the county will not access reimbursement more than once for the same services, there does not seem to be a more intensive way that this can be done. More information and guidance in this section would be very helpful. Is there additional information, including an example, that would help counties better understand this requirement.

CDHS Response:

CDHS will remove the term “system” in the final RFPB. However, it is critical that the county plan describe the approach to be taken to ensure the appropriate usage of State and federal OERU funds. The county allocation funds are total funds. This means that the State has already matched its funds with federal Medicaid (Title XIX) and SCHIP (Title XXI) funds prior to allocating funds to the county. Counties cannot use the county allocation funds as match for purposes of other federal claiming. These funds must be used for OERU activities that are described in the county’s scope of work.

SECTION 5.16- BUDGET

County Comment:

"Counties must submit a budget narrative that describes how the allocation funding would *.for the budget year." Will the State allow for a rollover of unused funds from one fiscal year into the next fiscal year?

CDHS Response:

No. The funds cannot be rolled over into the next fiscal year. County allocation funds must be spent in the year in which the funding is allocated.

County Comment:

Are there limitations to equipment purchases? What are the guidelines for equipment purchased? At the end of the contracting period will the equipment have to be returned to the State?

CDHS Response:

All agreements in which equipment is procured with OERU allocation funds must be in compliance with federal and state laws. Exhibits that provide standard CDHS contract language regarding the purchase of equipment and other supplies will be provided on the OERU website and be part of the final allocation agreement. Non-profit organizations and commercial businesses (such as county collaborative partners) acting as subcontractors are limited to equipment purchases up to \$50,000 annually. This limit does not apply to governmental and public entities. Unless CDHS has approved the continued use and possession of equipment purchased with OERU allocation funds in connection with another CDHS agreement or it is determined that the equipment is no longer useful, the equipment must be returned.

SECTION 5.17 * EXISTING COUNTY FUNDING:

County comment:

Counties must submit a budget narrative that describes how State allocation funding would be aligned with the current county efforts to enhance OERU activities. Should this information be included in the budget narrative or in the Plan?

CDHS Response:

This information should be included in Budget narrative.

REQUEST ADDITIONAL SUBSECTION UNDER SECTION 6

County Comments:

1. There does not seem to be a clause that would allow counties, under limited circumstances, to change their plan and budget, while CDHS has numerous opportunities to make changes. A three-year plan is a significant amount of time, in many which things can change. We request that CDHS add a section to allow counties to make changes to the plan or budget with CDHS' approval.

2. If goals are too optimistic and are later not met, what are the consequences? Can original goals be adjusted based on actual experience in subsequent years?

CDHS Response:

Attachment 11, Section D Budget Adjustment states future instructions will be issued by CDHS to allow for change in the county Scope of Work and budget in future years based on changes to county allocation funding amount or other circumstances.

HEALTHY KIDS

County Comment:

The guidance refers throughout to Medi-Cal and Healthy Families enrollment, but then asks for budget information regarding Healthy Kids premiums. Is it acceptable to refer throughout the work plan to strategies for all three programs, or is it simply assumed that any strategies discussed for Medi-Cal and Healthy Families will be applied to Healthy Kids as well? If you want Healthy Kids premium funding, should we also provide Healthy Kids administrative costs if budgeted separately from premium? On enrollment reports and performance measures, do we include reporting on all three programs or just Medi-Cal and Healthy Families activity?

CDHS Response:

DHS only requests information in the county plan and budget on funding amounts and funding sources for the Healthy Kids program premiums as discussed above. No other description of the Healthy Kids program is required in the work plan (scope of work) activities, performance measures, reporting, etc.

DEFICIT REDUCTION ACT – CITIZENSHIP VERIFICATION REQUIREMENTS FOR MEDI-CAL

County Comment:

In order to demonstrate a streamlined application process and use CAAs to capitalize on hard to reach families, the new Medicaid citizenship documentation requirements need to allow CAAs to verify original documentation. How will this be accommodated? There will be a disincentive to enroll children in Medi-Cal through joint applications assisted by CAAs, who are the primary means of using the streamlined application in our county and are also the only ones incorporating the full health care utilization components in the application process. Without them, it brings back the old problems regarding transportation, trust, available times, only going to an Eligibility office, etc. that Children Health Initiatives have worked so hard to address. When will we have a decision on this, as I understand the State may be appealing to the federal government? This will affect strategies.

CDHS Response:

CDHS does not currently have authority to allow CAAs to do this since it is part of the Medi-Cal eligibility determination process.

OERU DEFINITION

County Comment:

We encourage the State to use a broader definition of OERU as a combination of policies, systems and practices to enroll, retain and ensure the effective utilization of healthcare coverage. By utilizing this broader definition, it will encourage counties to think beyond the traditional definition of local activities and to explore a broader scope of work for their county.

CDHS Response:

The State recognizes the broader definition of OERU activities that is supported by county coalitions throughout the state. In developing the activities to support the scope of work for OERU objectives, counties have flexibility to include developing new policies, practices or systems that will enhance OERU activities.

REPORTING

County Comment:

4.4 Reporting (applicable to 5.13)

We would also encourage the state to generate an annual progress report that shows county outcomes on funded OERU services. As part of the appropriate use of funds, the State should also allow counties to use funds to build capacity to track and evaluate OERU services and activities.

Section 4.4 Reporting: The instructions state that Quarterly reports will be required as well as an Annual report. Is the Annual Report in addition to the 4th quarter report?

CDHS Response:

In addition to four quarterly reports an annual report will be submitted each year. The State is mandated to address annual progress reporting for outreach efforts to the Legislature. The RFPB allows flexibility for counties to address tracking and evaluating in the plan and budget.